

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

9/621565

FILING DATE

APPLICANT(S)

5/9/05

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52	/					
3		/					53	/					
4		/					54		/				
5		/					55		/				
6		/					56		/				
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42		/					92						
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44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.							TOTAL IND.	5					
TOTAL DEP.							TOTAL DEP.	35					
TOTAL CLAIMS							TOTAL CLAIMS	40					

BEST AVAILABLE COPY